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On June 7, 2005
TOWNSEND and TOWNSEND and CREW LLP

By: Connie Larson
Connie Larson

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Peter Svenka et al.

U.S. Application No.: 10/531,528

Filing Date:

For: CONTROLLED DEFLECTION ROLL

Examiner:

Art Unit:

SUBMISSION OF MISSING
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Sir:

Enclosed are the following documents to be made of record in the above-identified application:

- 1) Executed Declaration; and
- 2) Executed Power of Attorney with Statement

Please charge \$130.00 surcharge for filing the Declaration to Deposit Account No. 20-1430 of the undersigned. The Commissioner is hereby authorized to charge any additional fees associated with this paper or during the pendency of this application, or credit any overpayment to Deposit Account No. 20-1430.

Respectfully submitted,
DARIN J. GIBBY, Reg. No. 38,464
10531528

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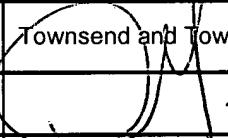
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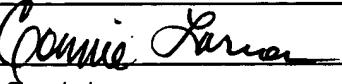
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/531,528
		Filing Date	
		First Named Inventor	Svenka, Peter
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	040298-000100US

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Darin J. Gibby		
Date	May 25, 2005	Reg. No.	38,464

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Typed or printed name	Connie Larson	Date	May 25, 2005